



PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|    |                        |                     |
|----|------------------------|---------------------|
|    | Application Number     | 09/858,376          |
|    | Filing Date            | 05-15-2001          |
|    | First Named Inventor   | Redmann, William G. |
|    | Art Unit               | 3623                |
|    | Examiner Name          | Beth Van Doren      |
| 70 | Attorney Docket Number | UNI-001             |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <b>Remarks</b><br>The attached Amendment A is a preliminary amendment.   |  |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                               |          |  |
|--------------|-------------------------------|----------|--|
| Firm Name    |                               |          |  |
| Signature    |                               |          |  |
| Printed name | William G. Redmann, Applicant |          |  |
| Date         | 11/29/2004                    | Reg. No. |  |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                 |      |            |
|-----------------------|-----------------|------|------------|
| Signature             |                 |      |            |
| Typed or printed name | WILLIAM REDMANN | Date | 11/29/2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 7/01/2004. Patent fees are subject to annual revision.

**FEE TRANSMITTAL**  
DEC 01 2004  
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**1743****Complete if Known**

|                      |                     |
|----------------------|---------------------|
| Application Number   | 09/858,376          |
| Filing Date          | 15 May 2001         |
| First Named Inventor | Redmann, William G. |
| Examiner Name        | Van Doren, Beth     |
| Art Unit             | 3623                |
| Attorney Docket No.  | UNI-001             |

**METHOD OF PAYMENT** (check all that apply) Check     Credit Card     Money Order Deposit Account     None

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 Deposit Account Name

The Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING FEE**

| <u>Fee Description</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee Paid(\$)</u> |
|------------------------|-----------------|------------------------------|---------------------|
| Utility Filing Fee     | 790             | 395                          | _____               |
| Design Filing Fee      | 350             | 175                          | _____               |
| Plant Filing Fee       | 550             | 275                          | _____               |
| Reissue Filing Fee     | 790             | 395                          | _____               |
| Provisional Filing Fee | 160             | 80                           | _____               |

**Subtotal (1) \$** **0****FEE CALCULATION (continued)****2. EXTRA CLAIM FEES**

| <u>Fee Description</u>  | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> |
|---|-----------------|------------------------------|
| Each claim over 20  | 18              | 9                            |
| Each independent claim over 3   | 88              | 44                           |
| Multiple dependent claims   | 300             | 150                          |
| For Reissues, each claim over 20 and more than in the original patent | 18              | 9                            |
| For Reissues, each independent claim more than in the original patent | 88              | 44                           |

| Total Claims | Extra Claims     | Fee (\$)   | Fee Paid (\$) |
|--------------|------------------|------------|---------------|
| 179          | - 20 or HP = 159 | x 9 = 1431 |               |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims  | Fee (\$)   | Fee Paid (\$) |
|---------------|---------------|------------|---------------|
| 6             | - 3 or HP = 3 | x 44 = 132 |               |

HP = highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|                           |          |               |

**Subtotal (2) \$** **1563****3. OTHER FEES**

| <u>Fee Description</u>              | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee Paid(\$)</u> |
|-------------------------------------|-----------------|------------------------------|---------------------|
| 1-month extension of time           | 110             | 55                           | _____               |
| 2-month extension of time           | 430             | 215                          | _____               |
| 3-month extension of time           | 980             | 490                          | _____               |
| 4-month extension of time           | 1,530           | 765                          | _____               |
| 5-month extension of time           | 2,080           | 1,040                        | _____               |
| Information disclosure stmt. fee    | 180             | 180                          | 180                 |
| 37 CFR 1.17(q) processing fee       | 50              | 50                           | _____               |
| Non-English specification           | 130             | 130                          | _____               |
| Notice of Appeal                    | 340             | 170                          | _____               |
| Filing a brief in support of appeal | 340             | 170                          | _____               |
| Request for oral hearing            | 300             | 150                          | _____               |
| Other:                              |                 |                              | _____               |

**Subtotal (3) \$** **180****SUBMITTED BY**

|                   |                    |                                      |                        |
|-------------------|--------------------|--------------------------------------|------------------------|
| Signature         |                    | Registration No.<br>(Attorney/Agent) | Telephone 818-415-2316 |
| Name (Print/Type) | William G. Redmann | Date                                 | 11/24/2004             |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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